

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF DARRYL ORRIN BAKER	COURT CASE NUMBER CA-05-0147 ERIE
DEFENDANT OFFICER B. WESEMEN	TYPE OF PROCESS CIVIL

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
OFFICER B. WESEMEN  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
FCI MCKEAN P.O. BOX 8000 BRADFORD, PA. 16701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

DARRYL ORRIN BAKER  
REG. NO. # 19613-039  
FEDERAL PRISON CAMP  
P.O. BOX 2000  
LEWISBURG, PA 17837

Number of process to be served with this Form 285

1

Number of parties to be served in this case

7

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

SCANNED

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

9/13/2005

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date  
10/3/05  
Time  
☐ am  
☒ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)


REMARKS: SC mailed 9-28-01 9842 8019 1388

## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

2. Article Number		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
 7160 3901 9842 8019 7388		A. Received by (Please Print Clearly)	B. Date of Delivery
		C. Signature	
		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		D. Is delivery address different from item 1? If YES, enter delivery address below:	
3. Service Type <b>CERTIFIED MAIL</b>		<b>RECORDED</b>	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to:			
<b>OFFICER B. WESEMAN</b> <b>FCI MCKEAN</b> <b>P.O. BOX 8000</b> <b>BRADFORD, PA. 16701</b>			
<b>5-147,S/C,9/28/05,SRS</b>			
PS Form 3811, January 2003		Domestic Return Receipt	